DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

July 23, 2015

Ms. Sarah Davenport, Manager Twin Maples Community Care Home 612 Gage Street Bennington, VT 05201-2001

Dear Ms. Davenport:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 30, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 0100 06/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 612 GAGE STREET TWIN MAPLES COMMUNITY CARE HOME BENNINGTON, VT 05201 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION iD (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {R100} Initial Comments: {R100} An unannounced on-site re-licensure follow-up survey was conducted by the Division of Licensing and Protection on 6/29 and 6/30/15. Although the home was found to be in substantial compliance, the following are identified issues that require correction. {R247} VII. NUTRITION AND FOOD SERVICES {R247} SS=B 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit, (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that perishable food and drinks are held at proper temperatures. Finding include: Upon tour of the food storage areas, on 6/29/15, all temperature logs are in place and it will be my responsibility to be there was no visible evidence that temperatures of the refrigerators, freezers or food, prior to serving, were being monitored or recorded. Per request of the temperature logs, the owner stated that s/he did not have a log recording the temperatures, but stated that s/he sometimes writes them on the calendar. When asked if the calendars were kept, s/he stated that they are not. The owner confirmed at 11:50AM on 6/29/15, that there food temperatures and the refrigerator/freezers are not being monitored and recorded to insure proper temperatures are maintained. Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

STATE FORM

6L9N12

PRINTED: 07/07/2015 FORM APPROVED

INTERESTINATION OF CORRECTION  INTERESTAND PLAN OF CORRECTION	DIVISION	of Licensing and Pro	piection			<del></del>		
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TWIN MAPLES COMMUNITY CARE HOME    CAMPID   SUMMARY STATEMENT OF DEFICIENCES   SUBMINGTON, VT 05201    CAMPID   PREFIX   TAG   SUMMARY STATEMENT OF DEFICIENCE SEED BY FULL   PREFIX   FREGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   CROSS-REFERENCE DT 0 THE APPROPRIATE   DATE      (R259)   VII. NUTRITION AND FOOD SERVICES   R259)			0100					
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